

Culinary Tourism Business Survey

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Fax : (____) _____

Email: _____

Website (required): _____

Check all areas that apply and provide a **brief description** for events, festivals and classes. Events, festivals and classes that highlight Massachusetts grown or produced products or benefit an agricultural group will be given special consideration.

Brewery Tour: ☐ _____

Max # you can accommodate _____

Culinary Tour: ☐ _____

Max # you can accommodate _____

Culinary Workshop: ☐ **When:**

Special Dinner/Culinary Event: ☐ **When:**

**Please return to Department of Agricultural Resources, Savor Massachusetts
251 Causeway St., Suite 500, Boston, MA 02214 or by fax to 617-626-1850.**